Department of Labor and Training

1511 Pontiac Avenue Cranston, RI 02920

Rhode Island 10% Investment Tax Credit Certification Form

Name of Person Requesting	Certification:	Date:
Address:		Tax Year: 2021
Fax Number:		Phone Number:
Name & Address of Company	y to be Certified:	
Federal Identification Numbe	or:	NAICS Code:
Employers* may		Investment Tax Credit by meeting one of the ng three criteria:
the average annual wage pa 2) The employer's median annual to 125 percent of the average (\$59,809 X 125 % = \$74,761 ff 3) For manufacturing employed employees classified as produced	aid by all employers in ual wage paid to its furannual wage paid by a rom 7/1/2021 thru 6/3 rs only - the average aduction workers (as dege paid to all production	
equivalent employees: (For Options 1 or 2 only)	<u>\$</u>	equivalent production \$ employees: (For Option 3 only)
I hereby declare under publications of Employer Representative:	enalty of perjury	that the wages provided above are true.
determined that this com RI 10% Investment Ta Training's endorsed docum	pany meets the wa x Credit under sect	ove, the Department of Labor and Training has age requirements under option to qualify for the tion 44-31-1 of the General Laws. Dept of Labor & ded with the applicable filed Income Tax Return.
Department Representative: Date of Certification:		
	e following eligible NA	ICS codes may qualify for the 10% Investment Tax Credit:
* *	• •	425,511,518, 522-525, 531,533,541,551,561,

611,621-623, 811, 51211,5122,and 7115.

Employers are advised to retain supporting documentation as they may be subject to verification by the RI Division of Taxation. You may submit this form by mail, or fax it to the LMI Unit at (401) 462-8766.

This certification is for the RI 10% Investment Tax Credit, as only a "qualified taxpayer", under Section 44-31-1 of the RI General Laws.